

IFSP Team Page

Informed Consent by Parent(s) for Early Intervention Services:

I have participated in the development of this IFSP and understand the content. I understand that I can accept or refuse any or all of the services identified on the IFSP. I understand that my consent for services may be withdrawn at any time.

Please check and sign below:

- | | | |
|----|--|---|
| 1. | | I agree with the proposed IFSP as written. I further understand that my signature below indicates that: (a) I have been fully informed of the supports/services being proposed; (b) my service coordinator explained my rights under this program and I received a written copy of the AzEIP Procedural Safeguards for Families Booklet; and (c) I give permission to carry out this IFSP as written. |
| 2. | | <p>I do not agree with the proposed IFSP as written, however, I do give permission for the following supports/services to begin:</p> <p>My service coordinator explained my rights under this program, and I received a written copy of the AzEIP Procedural Safeguards for Families Booklet. [Notice of Action must be given to the family.]</p> |
| 3. | | I have received copies of the AzEIP Family Satisfaction Surveys. |

Parent/Surrogate Signature		Date	
Parent/Surrogate Signature		Date	
Date this IFSP was revised with a meeting			

Note: Parent must indicate their approval for changes made to the IFSP by initialing and dating the changes (unless per phone request by parent.)

List all IFSP Team Members, present or not, who have contributed to the development of this IFSP, using additional page if needed.

			Present	Report given
Name	Relationship/Agency	Phone		

Address _____

Present: _____ Report given _____

Name _____ Relationship/Agency _____ Phone _____

Address _____

IFSP Team Page Continued

Present Report given

Name Relationship/Agency Phone

Address

Name Relationship/Agency Phone

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Name Relationship/Agency Phone

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Name Relationship/Agency Phone

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